

DEALER/SPECIAL SALES DIVISION
6400 E. 30TH STREET
INDIANA BUREAU OF MOTOR VEHICLES
INDIANAPOLIS, INDIANA 46219
(317) 591-5303 FAX (317) 591-5319 DEALER NO: _____

PLEASE TYPE OR PRINT CLEARLY--THIS FORM MUST BE SIGNED AND DATED
COMPLAINANT INFORMATION

Name: _____
Street: _____ Home Phone(_____) _____
City, State _____ Zip _____ Work Phone (_____) _____ County of
Residence _____

RESPONDENT INFORMATION: My complaint is against the following:

Name: _____ Dealer: _____
Street: _____ Phone(_____) _____
City, State: _____ Zip _____
County of Residence _____
Type of Business: _____
Type of Service/Product: _____
Date of Transaction, Sales, Incident or Service _____
Vehicle Year: _____ Make: _____ Model: _____
Vehicle Identification Number: _____

TRANSACTION INFORMATION: (If you did not engage in a transaction,
do not complete "OTHER INFORMATION")

Name of sales/ contact person: _____
Briefly describe nature of Complaint: _____

OTHER INFORMATION: Have you filed a complaint with any other agencies:

If yes, please list: _____
Have you contacted a private attorney on your behalf: _____ If so, list his/her name, address, and
telephone number: _____ Has a lawsuit been filed against you or on your
behalf: _____
Please use the reverse side of this form to describe IN DETAIL, the events of this transaction or
other occurrences that led you to file the complaint. If there is insufficient space, please feel free
to attach additional pages to complete your explanation, IMPORTANT: Please attach COPIES of
any documents that you mention or any other materials that describe or illustrate the product or
service.

I hereby certify that I have read the information contained in this complaint, including the reverse
side of this form, and that all information I have given is accurate and complete to the best of my
knowledge and belief. I authorize the Dealer Department to use the information in any manner
deemed necessary. I further acknowledge that I _____ am willing, _____ not willing (please
check one) to appear in my behalf at an Administrative Hearing subsequent to this complaint and
the investigation of said.

COMPLAINANT SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE
(BUREAU USE ONLY)

Date received: _____ Assigned to: _____
Response by? Letter _____ and/or Telephone: _____

Note: If the nature of your complaint does not fall under our jurisdiction, it will be forwarded to
the Indiana Attorney General's Office.